PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information PHA Name: Housing Authority of the City PHA Type: ☐ Small ☐ High PHA Fiscal Year Beginning: (MM/YYYY):	Performing	od	☐ Standard	PHA Code	: SC 030	
2.0	Inventory (based on ACC units at time of F Number of PH units: 223	Y beginning i	in 1.0 above) Num	aber of HCV units: 890		
3.0	Submission Type ☐ 5-Year and Annual Plan	Annual l	Plan Only		5-Year Plan Only		
4.0	PHA Consortia P	HA Consorti	a: (Check bo	ox if submitting a join	nt Plan and complete table be		to in Each
E	Participating PHAs	PHA Code	Program- Consorti	(s) Included in the	Programs Not in the Consortia	No. of Unit Program PH	HCV
	PHA 1: PHA 2:						
5.0	PHA 3: 5-Year Plan. Complete items 5.1 and 5.2 or	ıly at 5-Year	Plan update	 			
5.1	Mission. State the PHA's Mission for servi jurisdiction for the next five years: The mission of the Housing Authority of the sanitary and affordable housing opportunitie Authority is committed to operating in an ef with its clients and appropriate community and appropriate com	e City of Gree es as they stri ficient, ethica agencies in or	enwood is to ve to achiev al, and profe rder to accor	assist low, very low e self-sufficiency and ssional manner. The nplish this mission.	and extremely low income for d improve the quality of their Housing Authority will creat	amilies with dec	cent, safe,
]	Resident Ad	visory Board Membe	ers		
	NAME Mary Sibe Carmen Gr Vanessa Mc Verconica Ho Angel Griffi Julia Owen: Forrestine Ha Goliath Ros Vicki Goode	rt aham Bride Illiday n s s rris			ADDRESS 302A Margaret Street 300 Margaret Street 303C New York Court 102F Tennessee Court 105D Tennessee Court 203A Brooks Stuart Dri 205C Brooks Stuart Dri 209C Brooks Stuart Driv 260 Burgess Drive	ve	
	A meeting of the Resident Advi on October 26, 2011 at 9:00 A.M. Tracy T program works. She also explained the Five of 2016 is now being added and the spendir comment was made that in last years Advis system does work. John Lamb, Executive Director of the Gree comments. He further clarified that if any r	aylor, Reside Year Plan y ng plan for th ory Board me nwood Hous esident had c	ent Services of ear by year. at year was eeting there ing Authorit omments or	Coordinator, opened Items for the fiscal y elaborated upon. The was a request for new y, reiterated how the input at any time to	the meeting and began by expears 2011-2015 had been appeared unanimously approve with screen doors and now screen doors and now screen doors and now screen doors are capital Fund process works applease feel free to contact him	plaining how the proved in prior y d the plan as pre n doors are in the and asked for in	e Capital Fund years. The year esented. The he plan so the
	comments, John Lamb thanked all Advisor	y Board men	abers for the	ir participation and the biectives that will en	he meeting was closed. able the PHA to serve the nee	eds of low-inco	me and very
	low-income, and extremely low-income far and objectives described in the previous 5-	milies for the	next five ye	ars. Include a report	t on the progress the PHA has	made in meetin	ng the goals
	Annual Plan only						

	PHA Plan Update
6.0	 (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Answer. GHA Policy Manual was revised 01/01/2011. GHA Employee Handbook was revised 01/01/2011. The GHA S-8 Administrative Plan was revised 02/14/2011. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan
	elements, see Section 6.0 of the instructions. Answer. Copies of the Annual Plan can be obtained at the Administrative offices of the Housing Authority of the City of Greenwood, 315 Foundry Road, Greenwood SC 29646
	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.
7.0	ANSWER: The Greenwood Housing Authority project-bases 20 Section-8 vouchers for a collaborative effort amoung SC State Housing Finance and Development Authority, HOME, Beckman (A Mental Health Facility) called Eagles Nest. The 20-unit facility is limited to persons with mental disabilities who are transitioning from group housing to independent living and it accounts for less than 2% of our Section-8 voucher program.
	These apartments are made available to clients of the Beckman Mental Health Facility. They are located close to doctors, grocery and drug stores; all of which are necessary as most of these people do not drive and Greenwood does not have a public transportations system. The project basing of these 20 units is most appropriate as it provides the opportunity for individuals to obtain decent, safe and affordable housing who otherwise would not be able to do so.
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
0.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the
9.1	jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested.
	(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.
	(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
	l
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
	 (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only) (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only) (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only) (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only) (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

Type of Grant Image: Continual Annual Statement □ Reserve for Disaster/Emergencies Image: Continual Statement (revision not.) □ Reserve for Disaster/Emergencies □ Reserv	Part I: Summary PHA Name: Houisn City of Greenwood	Part 1: Summary PHA Name: Houising Authority of the PHA Name: Houising Authority of the City of Greenwood City of Greenwood Replacement Housing Factor Grant No: Date of CFFP:	030501-09			FFY of Grant: 2009 FFY of Grant Approval: 2009
te and Evaluation Report for Period Ending: L Final Performance and Evaluation Report Total Instructed Code Code Total Instructed Code Total Ins	Type of Gr	mual Statement		☐ Revised Annual Stateme	nt (revision no:1)	
line Summary by Development Account Iout Extenses (vis.) Iout Extenses (vis.) Obligated Total non-CFP Funds 1406 Operations (may not exceed 20% of line 21).* 48000 0 0 1408 Management Improvements 48000 1000 1000 1000 1411 Audit 1411 Audit 1000 1000 24750 1415 Liquidated Damages 24750 24750 24750 1440 Site Acquisition 24750 24750 24750 1440 Site Acquisition 339240 407240 407240 1450 Precising Equipment—Nonexpendable 10000 0 0 1465 In Precising Equipment—Nonexpendable 10000 0 0 1475 Non-dwelling Equipment 339240 407240 0 1475 Non-dwelling Equipment 10000 0 0 1495 Demolition 10000 0 0 1495 In Relocation Costs 1495 In Relocation Costs 10000 0	Perfor	ce and Evaluation Report f		Kinal Performance and I	Syainanon Keport	Total Actual Cost 1
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	14	1485 Demolition				
	15	1492 Moving to Work Demonstration				
:	16	1495.1 Relocation Costs				
	17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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OMB No. 2577-0226 Expires 4/30/2011

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			2		20	19	18ba	18a		Line	Perfor	Origin	Type of Grant		PHA Name:	Part I: Summary
Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	rmance and Evaluation Report for Period Ending:		rant	Capital Fund Program Grant No: SC16P030501-09 Replacement Housing Factor Grant No: Date of CFFP:		ummary
					432990				Original	To		rgencies				
					432990				Revised ²	tal Estimated Cost	□ Fin	⊠ Re	3			
					432990						ial Performance and Evaluation R	vised Annual Statement (revision r			FFY of Grant Approval:	27V - C
					70528.86				Expended	1	eport	10: 1				
	Amount of line 20 Related to Energy Conservation Measures					432990 432990 70528.86	432990 432990 432990 70528.86	432990 432990 70528.86	432990 432990 70528.86	paid by the PHA Original Revised 2 Obligated Expen paid Via System of Direct 432990 432990 70528.86 res 2 - 19) 432990 432990 432990 70528.86 tivitics 504 Activities 432990 432990 432990 432990 -Soft Costs -Soft Costs -Conservation Measures -Soft Costs -Soft Cost	Total Estimated Cost	Final Performance and Evaluation Report Total Estimated Cost Total Actual Cost Total Actual Cost Total Actual Cost Total Actual Cost Expen	Erve for Disasters/Emergencies	Annual Statement □ Reserve for Disasters/Emergencies □ Revised Annual Statement (revision no: 1 □ Final Performance and Evaluation Report □ Final Performance and Evaluation Report □ Final Performance and Evaluation Report Total Actual Cost Total Actual Cost □ Final Performance and Evaluation Report Total Actual Cost Total Actual Cost □ Final Performance and Evaluation Report Expen Original Revised 2 Obligated □ Expen Obligated Expen Original Revised 2 □ Final Performance and Evaluation Report □ Final Performance	Capital Find Program Grant No. SC160030501-09 Replacement Housing Factor Grant No. Date of CFFP.	Grant Type and Number Capital Fund Program Grant No: SC1GP030501-09 Replacement Housing Factor Grant No: SC1GP030501-09 Revised Annual Statement (revision no: 1

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					-		HA-WIDE	HA-WIDE	HA-WIDE	HA-WIDE	HA-WIDE	HA-WIDE		Activities	Development Number Name/PHA-Wide	,	Part II: Supporting Pages PHA Name: Housing Aut
							Floor Machine	Auto Fire Fire Extinguishers for Ranges	Apartment Rehab	A&E Fees	Copies, Advertising	COPS, Residential Services Coordinator		(General Description of Major Work Categories		hoirty of the City of Greenwood
	•						1475	es 1465	1460	1430	1410	tor 1406			k Development Account No.	Capital Fund Program Grant No: SC16P030501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Grant Type and Number
					TOTAL										Quantity	o: SC16P03050 frant No:	
					432990		10000	10000	339240	24750	1000	48000	Original	***************************************	Total Estim	1-09	
					432990		0	0	407240	24750	1000	0	Revised 1		Estimated Cost		Federal I
													Funds Obligated ²		Total Actual Cost		Federal FFY of Grant: 2009
													Funds Expended ²		Cost		009
				:			•								Status of Work		

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PHA Name: Housing Authority of the City of Greenwood	ty of the City of Green	1wood			Federal FFY of Grant:
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-WIDE	9-14-2011		9-14-2013		
		;			
				C. 10.	

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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Daniel T. C.	THE STAN AS WITH I				
PHA Name: Greenv Authority	PHA Name: Greenwood Housing Authority Grant Type and Number Capital Fund Program Grant No: SC16P030501-10 Replacement Housing Factor Grant No: Date of CFFP:	0501-10			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant Original A	pe of Grant Original Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	evision no:	
☐ Perfor	Performance and Evaluation Report for Period Ending:		Hinal Performance and Evaluation Nepole		tol Actual Coct 1
Line	Summary by Development Account		Total Estimated Cost		Expended Expended
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2	1406 Operations (may not exceed 20% of line 21) 3				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	1000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21000			
80	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	402750			
=	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	:			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Date	using Director	Signature of Public Housing Director	15-12	Signature of Executive Director Date	Signature of Exe
				Amount of line 20 Related to Energy Conservation Measures	25 Amount
				Amount of line 20 Related to Security - Hard Costs	24 Amount
				Amount of line 20 Related to Security - Soft Costs	23 Amount
				Amount of line 20 Related to Section 504 Activities	22 Amount
				Amount of line 20 Related to LBP Activities	21 Amount
			424750	Amount of Annual Grant:: (sum of lines 2 - 19)	20 Amount
				1502 Contingency (may not exceed 8% of line 20)	19 1502 Co
				9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000 Col
				1501 Collateralization or Debt Service paid by the PHA	18a 1501 Col
Expended	Obligated	Revised ²	Original		
Total Actual Cost 1	Tota	Total Estimated Cost	To	Summary by Development Account	Line Summar
	Final Performance and Evaluation Report			Performance and Evaluation Report for Period Ending:	Performance an
<u> </u>	Revised Annual Statement (revision no:	☐ Rev	ncies	l Statement ☐ Reserve for Disasters/Emergencies	Original Annual Statement
					Type of Grant
	FFY of Grant:2010 FFY of Grant Approval:			Grant Type and Number Capital Fund Program Grant No: SC16P030501-10 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Housing Authority of the City of Greenwood
			The state of the s		Part I: Summary
Expires 4/30/2011					•

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Dort II. Sunnarting Pages								
PHA Name: Housing Aut	PHA Name: Housing Authority of the City of Greenwood Ca CI Re	Grant Type and Number Capital Fund Program Grant No: SC16P030501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	t No: SC16P030501	-10	Federal F	Federal FFY of Grant: 2010	10	
Development Number Name/PHA-Wide	General Description of Major Work Categories	rk Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	ost	Status of Work
Activities					Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE	Administraton	1408		1000				
HA-WIDE	Fees & Costs - A&E Fees	1430		21000				
30-1, 30-2	APARTMENT REHAB: Tubs, Vanities,	ties, 1460		402750				
	Doors, Floors, Wirint, Insulation,							
	Counters, Etc., as needed per unit.		,					
		Grant Total		424750				
							;	

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Part III. Implementation Schedule for Capital Fund Financing Program	while for Canital Klind	Financing Program			
PHA Name: Housing Authority of the City of Greenwood	ty of the City of Gree	nwood			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-Wide, 30-1, 30-2	7/15/2010	07/14/2012	07/14/2014		
		, , , , , , , , , , , , , , , , , , ,			

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary PHA Name: Housin City of Greenwood	Part 1: Summary PHA Name: Housing Authority of the City of Greenwood City of Greenwood Capital Fund Program Grant No: SC16P060501-11 Replacement Housing Factor Grant No: Date of CFFP:	60501-11			FFY of Grant: 2011 FFY of Grant Approval:
Type of Grant Original A	Type of Grant ☑ Original Annual Statement ☐ Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	nual Statement (revision no:	•
Lerion	remore by Davidonment Account		Total Estimated Cost	,	Total Actual Cost 1
Lilie	Chilling La La La Colonia Caracana	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
ω	1408 Management Improvements	52000			
4	1410 Administration (may not exceed 10% of line 21)	1000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	23000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	286671			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
1	1499 Development Activities 4				

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								HA-WIDE /	HA-WIDE	HA-WIDE /		HA-WIDE		Activities	Name/PHA-Wide	Development Number		PHA Name: GREENWOOI	Daniel II. Cumpadine Days
				- 100			Insulation, Sheetrock, etc. as needed	Apartment Rehab: New wiring, HVAC,	A&E Fees	Advertising, Printing	Resident Services Tech, Admin needs	OPERATIONS: COPS Program,			Categories	General Description of Major Work		PHA Name: GREENWOOD HOUSING AUTHORITY Output PHA Name: GREENWOOD HOUSING AUTHORITY	
							a.	AC,			 ds						Capital Fund Proj CFFP (Yes/ No): Replacement Hou	Grant Typ	
1.35					Grant Total		1460		1430	1410	1406				Account No.	Development	Capital Fund Program Grant No: SCIOP00001-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Grant Type and Number	
															,	Ouantity	ant No:	COLOROVAENI	
					362671		286671		23000	1000	52000		Original			Total Estima	Ė	:	
													Revised 1			Estimated Cost		Federal F	
													Funds Obligated ²			Total Actual Cost		Federal FFY of Grant: 2011	
					:								Funds Expended ²			Cost		011	
																Status of Work			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Housing Authority of the City of Greenwood	ty of the City of Green	Mood			Federal FFY of Grant: 2011
Development Number Name/PHA-Wide	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Funds (Quarter E	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA-WIDE	08-02-2013		08-02-2015		
		:			
	•				
	,				

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

THA Vain					
City of Greenwood	City of Greenwood City of Greenwood Capital Fund Program Grant No: SC16P060501-12 Replacement Housing Factor Grant No: Date of CFFP:	60501-12			HFY of Grant Approvat:
Type of Grant ⊠ Original A	pe of Grant Original Annual Statement CRESETVE for Disasters/Emergencies		Revised Annual Statemen	nual Statement (revision no:	
☐ Perfor	Performance and Evaluation Report for Period Ending:				Total Actual Cost 1
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	52000			
w	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	1000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21000			
000	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	288671			
	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Part I: Summary PHA Name: GREENWOOD	ary			FFY of Grant:2012 FFY of Grant Approval:	2012 Approval:	Expires 4/30/2011
GREENWOOD HOUSING AUTHORITY				FFY of Grant.	Approval:	
Type of Grant						
Original A	Original Annual Statement Reserve for Disasters/Emergencies	ies		evised Annual St	Revised Annual Statement (revision no:	
Performan	Performance and Evaluation Report for Period Ending:			nal Performance	☐ Final Performance and Evaluation Report	
Line Sur	Summary by Development Account	T ₁	Fotal Estimated Cost		Total A	Total Actual Cost 1
		Original	Revised ²		Obligated	Expended
18a 150	1501 Collateralization or Debt Service paid by the PHA	!				
18ba 900	9000 Collateralization or Debt Service paid Via System of Direct					
19 150	1502 Contingency (may not exceed 8% of line 20)					
20 Am	Amount of Annual Grant: (sum of lines 2 - 19)	362671				
21 Arr	Amount of line 20 Related to LBP Activities					
22 Am	Amount of line 20 Related to Section 504 Activities					
23 Am	Amount of line 20 Related to Security - Soft Costs					1144
24 Arr	Amount of line 20 Related to Security - Hard Costs					
25 An	Amount of line 20 Related to Energy Conservation Measures					
Signature of	Signature of Executive Director / Date		Signature of Public Ho	ic Housing Director	or or	Date
	Mobin a wordy 50 1	7/15/12				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages					-			
PHA Name: GREENWO	PHA Name: GREENWOOD HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: SC16P060501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:	lo: SC16P060501 Grant No:	-12	Federal I	Federal FFY of Grant: 2012	13	
Development Number Name/PHA-Wide	General Description of Major Work Categories	Work Development Account No.	Quantity	Total Estimated Cost	ted Cost	Total Actual Cost	Cost	Status of Work
DOUALITA				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
HA-WIDE	OPERATIONS	1406		52000				
HA-WIDE	ADMINISTRATION	1410		1000				
HA-WIDE	A&E FEES	1430		23000				
30-1, 30-2	DWELLING STRUCTURES	1460		288671		-		
		GRANT TOTAL		3626/1				
			į					

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

7	DIT 31- 01- 1-		I ocality (City/(I ocality (City/County & State)	⊠Original 5-Year Plan ∐I	Revision No:
PHA	PHA Name/Number		Document (City)		` 	Work Statement for Vegr
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	FFY 2016
		FFY 2012				
				27.	26421	310671
B.	Physical Improvements	(Ashronal Sharenalash)	237171	261,421	200421	210071
	Subtotal					
C)	Management Improvements		35000	31000	25000	
D.	PHA-Wide Non-dwelling		20000			
	Structures and Equipment				10000	
Ή	Administration		1000		19230	
, TI	Other		17500	18250		
<u>.</u>	Operations		52000	52000	52000	22000
퓌	Demolition					
I.	Development					
J.	Capital Fund Financing -					
	Debt Service				127070	163671
*	Total CFP Funds		362671	3626/1	3626/1	202011
Ţ	Total Non-CFP Funds					

Part I: Summary (Continuation)	tion)				
PHA Name/Number Greenwood Housing Authority / SC030	Housing	Locality (City/	Locality (City/county & State)	⊠Original 5-Year Plan	Revision No:
A. Development Number	Work Statement for	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
	Year 1 FFY 2012				
HA-WIDE	Ampoak	52000	52000	52000	52000
HA-WIDE		1000	31000	1000	
HA-WIDE		20000	18250	18250	
HA-WIDE		17500	100000	25000	
HA-WIDE		35000			
HA-WIDE		10000	30000		60000
30-1, 30-2		227171		86000	184671
30-5, 30-8				100000	
30-8			50000	80421	
30-1, 30-2, 30-8			81421		66000
			0,00	2/2/41	363671
		362671	362671	362671	362671

																				Year 1 FFY 2012	Statement for	Work	Part II: Sup
Sub								30-1, 30-2	Improvements	HA-Wide/Site	Management Inprovements	HA-WIDE/	Dwelling Equipment	TIA WITTED No.		HA-WIDE/ Fees & Cost	HA-WIDE/ Administration	HA-WIDE/ Operations	General Description of Major Work Categories	Development Number/Name		M	Part II: Supporting Pages - Physical Needs Work Statement(s)
Subtotal of Estimated Cost								Apartment Rehab	Community Building	Landscaping of	Upgrade	Computer Hardware	Supplies	Man I it Cafataria		A&E Fees		COPS/Resident Services Coordinator		Quantity	FF Y 2013	Work Statement for Year 2013	al Needs Work Stater
\$362,671.00								22/1/1.00		10000		35000	17500	17500		20000	1000	52000		Estimated Cost		3	ment(s)
Su									Structures	HA-Wide/ Dwelling	Structure	30-8/ Non-Dwelling	Dwelling Structure	30-1 30-2 30-8/	HA-Wide/ Non- Dwelling Equipment	HA-Wide/ Fees & Costs	HA-Wide	HA-Wide	General Description of Major Work Categories	Number/Name	7	¥	
Subtotal of Estimated Cost			=							Water Saving Toilets	Addition	Community Building		Termite Treatment	Playground Equipment, Office HVAC/Rehab, Security System	A&E Fees	Administration: Automobile	Operations		Chantity	Ougatity	Work Statement for Year: 2014	
\$362,6/1.00	\$363 671 00									30000		50000		81421	000,000	18250	31000	32000		Lastinarea Con-	Estimated Cost	14	

																				i c	2012	Year 1 FFY	Work Statement for	Part II: Sup
Sub							HA-WIDE	Structures	30-1, 30-2/ Dwelling	Structure	30-5, 30-8/ Dwelling	30-8/ Dwelling Structure	Equipment	30-1, 30-2/ Dwelling	Improvements	HA-Wide/Management	HA-Wide/ Fees & Costs	HA-Wide	Major Work Categories	Canaral Description of	Number/Name	Development	W	Part II: Supporting Pages - Physical Needs Work Statement(s)
Subtotal of Estimated Cost							Administration		Sewer Line Repair		Air Conditioners	Roofs, Duct Work		Ranges, Antennae		Maintenance Vehicle	A&E Fees	Operations			,	Quantity	Work Statement for Year 2015 FFY 2015	al Needs Work States
\$362,671							1000		25000		100000	80421		61000	:	25000	18250	52000				Estimated Cost	5	ment(s)
Su														30-1, 30-2		30-1, 30-2, 30-5, 30-8	30-1, 30-2, 30-8	HA-WIDE	Major Work Categories	General Description of	Number/Name	Development	W	
Subtotal of Estimated Cost													3	Apartment Kenab		Screen Doors	Ranges & Refrigerators	Operations			-1-1-1	Quantity	FFY 2016	1 Grant for Vocas 201
\$362,671														184,071		60,000	66,000	52,000				Estimated Cost		

form HUD 50071 (3/98)

ref. Handboooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification of Payments to Influence Federal Transactions

Previous edition is obsolete

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Applicant Name Housing Authority of the City of Greenwood	
Housing Authority of the City of Greenwood	
Program/Activity Receiving Federal Grant Funding Capital Funding for Annual/Five Year Plan	
The undersigned certifies, to the best of his or her knowledge and	1 belief, that:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any in	nformation provided in the accompaniment herewith, is true and accurate
Warning: HUD will prosecute false claims and statements. Conviction m (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	ay resuit in criminal andros civil penalties.
Name of Authorized Official	Title
John G. Lamb	Executive Director
Signature	Date (mm/dd/yyyy)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name	
Housing Authority of the City of Greenwood	
Program/Activity Receiving Federal Grant Funding	
Capital Funding for Annual and Five Year Plan	
Acting on behalf of the above named Applicant as its Authorize the Department of Housing and Urban Development (HUD) regar	ed Official, I make the following certifications and agreements to ding the sites listed below:
I certify that the above named Applicant will or will continue	(1) Abide by the terms of the statement; and
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
2. Sites for Work Performance. The Applicant shall list (on separate part HUD funding of the program/activity shown above: Place of Perfor Identify each sheet with the Applicant name and address and the program of th	mance shall include the street address, city, county, State, and Zip code
Check here if there are workplaces on file that are not identified on the atta I hereby certify that all the information stated herein, as well as any in Warning: HUD will prosecute false claims and statements. Conviction ma (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	formation provided in the accompaniment herewith, is true and accurate ay result in criminal and/or civil penalties.
Name of Authorized Official John G/Lamb	Title Executive Director
Signature 1 A	Date
Last a legisle	1-6-12

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

SC030

PHA Number/HA Code

Civil Rights Certification

PHA Name

Annual Certification and Board Resolution

Housing Authority of the City of Greenwood

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

I hereby certify that all the information stated herein, as well as any information pro- prosecute false claims and statements. Conviction may result in criminal and/or civil	yided in the accompaniment herewith, is true and accurate. Warning: HUD will negatives (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
prosecute faise claims and statements. Conviction may result at Chimbar and of Civil	pointing. (10 one)
Name of Authorized Official Lillian R. Thomas	acting Chairperson
Dillian L. Thomas	Date 1/12/2012

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the _____5-Year and/or_X_Annual PHA Plan for the PHA fiscal year beginning4/1/201, 2hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.

2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.

3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.

4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.

5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.

6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.

7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.

8. For PHA Plan that includes a policy for site based waiting lists:

- The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
- The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in
 which to reside, including basic information about available sites; and an estimate of the period of time the applicant
 would likely have to wait to be admitted to units of different sizes and types at each site;
- Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
- The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
- The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Housing Authority of the City offGreenwood PHA Name	SC030 PHA Number/HA Code
5-Year PHA Plan for Fiscal Years 20 20	_ <u>3_</u>
I hereby certify that all the information stated herein, as well as any information provid prosecute false claims and statements. Conviction may result in criminal and/or civil pe	ed in the accompaniment herewith, is true and accurate. Warning: HUD will malties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official Lillian Thomas	Title Acting Chairperson
Signature Millian Thomas	Date / 02/16/2012

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

	(222,21,21,22,22,22,22,22,22,22,22,22,22,		,'	
1. Type of Federal Action:	2. Status of Federa		3. Report Type:	
a. contract	b a. bid/offer/application		a. initial filing	
└── b. grant	└───b. initial		b. material	_
c. cooperative agreement	c. post-	award	For Material C	= = =
d. ioan				quarter
e. loan guarantee			date of las	t report
f. loan insurance			<u></u>	
4. Name and Address of Reporting	g Entity:			ibawardee, Enter Name
Prime Subawardee		and Address of	Prime:	
	if known:			
		N/A		
Congressional District, if known	· 4c		District, if known:	
6. Federal Department/Agency:		7. Federal Progra	m Name/Description	on:
		CFDA Number,	if applicable:	
	<u></u>		<u> </u>	
8. Federal Action Number, if know	own: 9. Award Amount, if known:			
		\$		
40 a Name and Address of Lohb	ving Registrant	b. Individuals Pe	rforming Services	(including address if
10. a. Name and Address of Lobbying Registrant		different from No. 10a)		
(if individual, last name, first name, MI):		(last name, first name, MI):		
		'	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		N/A		
N/A				
IVA			\bigcap	
Les dies and through this form is sufficient	ed by title 31 U.S.C. section	Signature:	1 Dale	/
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of tobbying activities is a material representation of fact upon which reliance was placed by the fier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$10,000 for each such failure.		Signature:	C I amb	
		Print Name: John	1 G. Lamov	
		Title: Executive D	irector	
		Telephone No.: _8		Date: 01/09/2012
		Telephone No.:	70. 22, 70, 70 X 25	
Estate United Only		Table Visit		Authorized for Local Reproduction
Federal Use Only:			5 . <u></u>	Standard Form LLL (Rev. 7-97)

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I. Welborn Adams	VII.	
Annual PHA Plan of the	Housing Authority of the City of Greenwood is consistent with the Consolidated Plan	n of
the City of Greenwood, S		

Signed / Dated by Appropriate State or Local Official

D Wellon and